

Self-Management Goal Setting and the AADE 7

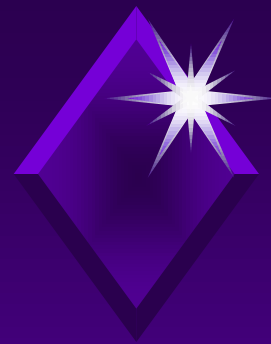
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Objectives

Implement the AADE7 behavioral principles in the provision of diabetes self-management education.

- ✘ Review outcomes of diabetes education.
- ✘ Identify common barriers for:
 - ✘ People with diabetes
 - ✘ Healthcare providers
 - ✘ The healthcare system
- ✘ Review the needs of an adult learner.
- ✘ Discuss the skills of each AADE 7 and their barriers and measurements.



What we think we can do!



What our patient thinks!



Control my diet, control my life style, control my carbs.....
What are you, some kind of freak?

How it all comes together



Stop overeating, **Stop** drinking,
Stop staying out late, **Stop** fighting,
Stop worrying, **Stop** eating sweets,
Stop gambling

What did the Doctor say?
I don't know-----
I **stopped** listening

Diabetes Self-Management Education

- ✘ A collaborative process for people with or at risk for diabetes.
- ✘ Focus on knowledge and skills.
- ✘ Results in behavior modification.
- ✘ Changes in behavior = self-management.

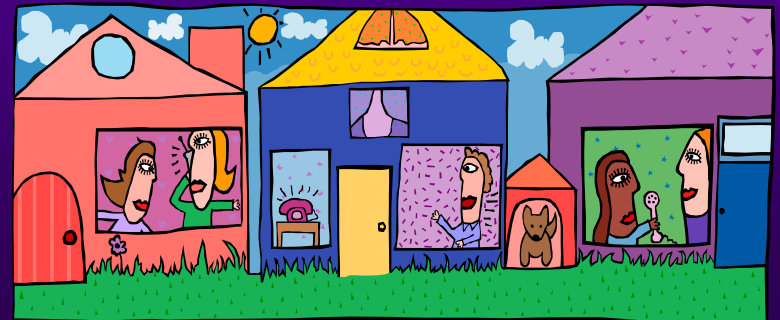
Diabetes Outcome Standards

- ✘ Behavior change is the unique outcome measurement for diabetes self-management education.
- ✘ Seven diabetes self-care behavior measures determine effective self-management.
- ✘ Diabetes self-care behaviors should be evaluated at baseline and then at regular intervals.
- ✘ Measurement of learning, behavioral, clinical, and health status must all be done.
- ✘ Individual patient outcomes are to be used to guide the intervention and improve care for that patient.

What is Self-Management Support?

“Making and refining the health care system to facilitate patient self-management. This includes..... patient-provider, patient-health care team, patient-health care system, and the community.”

Glasgow et al, in submission



Patient Education



- ✗ *Information and skills are taught.*
- ✗ *Usually disease-specific.*
- ✗ *Assumes that knowledge creates behavior change.*
- ✗ *Goal is compliance.*
- ✗ *Health care professionals are the teachers.*

Self-Management Support



- ✗ *Skills to solve pt.-identified problems are taught.*
- ✗ *Skills are generalizable.*
- ✗ *Assumes that confidence yields better outcomes.*
- ✗ *Goal is increased self-efficacy.*
- ✗ *Teachers can be professionals or peers.*

Your Role in Diabetes Education

- ✗ help individuals identify barriers.
- ✗ facilitate problem-solving.
- ✗ develop coping skills.
- ✗ Results = effective self-care management and behavior change.

Barriers for Persons with Diabetes

- ✗ Lack of awareness of:
 - ✗ Risk factors for diabetes.
 - ✗ Signs and symptoms related to diagnosis.
 - ✗ Self-care for prevention of complications.
- ✗ Minimal skills for self-management.
- ✗ Costs of monitoring equipment & supplies.
- ✗ Lack of support for physical activity and nutrition behaviors.
- ✗ Long waits for care.
- ✗ Fatalism and hopelessness.

Other Personal Barriers

- ✗ Individual
 - ✗ Family
 - ✗ Peers
 - ✗ Culture/Media
 - ✗ Spiritual/Religious
- Health Care System
 - Education
 - Economic
 - Transportation
 - Community

Barriers Identified by Health Professionals

- ✗ Lack of awareness about diabetes.
- ✗ Much interest in expanding/improving diabetes education but few resources.
- ✗ Health care reimbursement needed for education and monitoring.
- ✗ Pharmacists report “runs” first of month.
- ✗ Patient inability to understand/comply with treatment recommendations.

Barriers for Healthcare Providers

- x Time.
- x Disorganized records.
- x Too little help.
- x Not enough resources.
- x Reimbursement concerns.
- x Office time consumed by acute non-diabetes issues (Episodic Care).

Systems Barriers

- ✗ Lack of diabetes education programs.
- ✗ Few materials for low literacy persons.
- ✗ Few materials culturally appropriate.
- ✗ Lack of reimbursement for diabetes care and education.

Clinician-Patient Relationship

- ✗ HCP is a consultant.
- ✗ Encourage open and honest relationship.
- ✗ Work within the patient's limitations.
- ✗ Respect for patient who has VETO power.

Common HCP Errors

- ✗ **Preconceived ideas and set agendas.**
- ✗ **Jumping in to fix a problem.**
- ✗ **Making assumptions.**



Adult Learners



Adult Learners



- ✗ Self-directed.
- ✗ Must feel a need to learn.
- ✗ Problem-oriented rather than subject oriented.
- ✗ Own experiences need to be incorporated (Past and Future).
- ✗ Prefer active participation.



Characteristics of Adult Learners

- ✗ See need for learning.
- ✗ Problem-oriented learners.
- ✗ Relate to past experience.
- ✗ Self-directing.
- ✗ Differ in needs and abilities.



Principles for Adult Education

1. Appeals to multiple senses of sound, sight and touch!
2. Is practical; what must be taught is, what would be nice to know, isn't!
3. Involves the trainee!
4. Is relatable to past experience!
5. Reduces trainee tensions!



Principles Cont'd

- 6. Is interesting!
- 7. Provides opportunity for skill development!
Skills are learned by doing, not only watching or listening!
- 8. Includes repetition to increase retention.



Readiness to Learn Factors

1. Health History/Experience.
2. Current Health Status.
3. Mental Status.
4. Family Members.
5. Stress.
6. Vocation.
7. Finances.



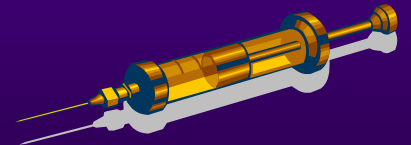
Readiness to Learn Cont'd

- 8. Social/Cultural/Religious Practices.
- 9. Educational and Literacy Levels.
- 10. Previous Knowledge.
- 11. Physical Factors.



Preparing the Patient

- ✗ Health beliefs and myths.
- ✗ Provide education.
- ✗ Elicit social support.
- ✗ Prepare for trial and error.
- ✗ Teach problem solving.
- ✗ Develop collaborative relationship.



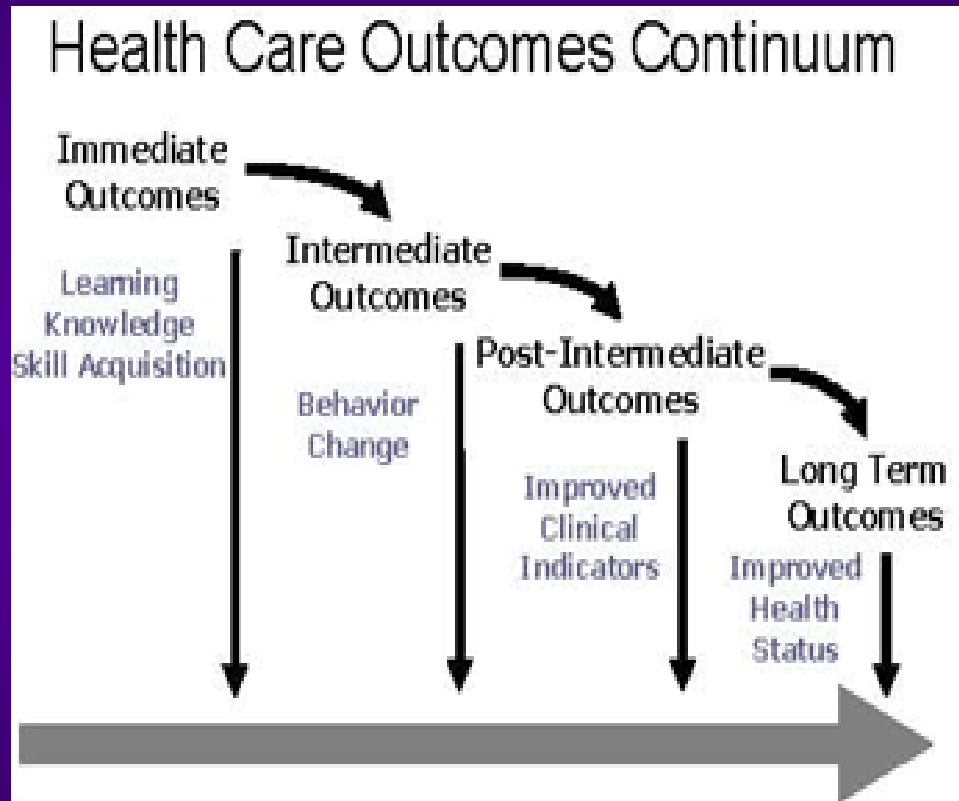
Strategies That Don't Work

- ✗ Urging more willpower
 - ✗ “if you would just try harder...”
- ✗ Threatening bad outcomes
 - ✗ “you’re going to go blind if you don’t do what I tell you to do...”
- ✗ The gift of advice
 - ✗ “maybe if you joined a nice fitness center...”

Patient's Goals – Developing a Positive Approach to Behavioral Change



Basis of Self-Care



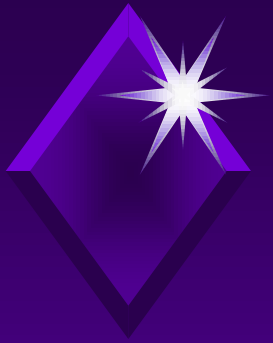
The patient must:

- ✗ ***Know what to do***
- ✗ ***Know how to do it***
- ✗ ***Want to do it***
- ✗ ***Can do it***

AADE 7 Self-Care Behaviors

- Healthy eating
- Being active
- Monitoring
- Taking medication
- Problem solving
- Healthy coping
- Reducing risks





Elements of each Self-Care Behavior

- ✘ Knowledge
- ✘ Skill
- ✘ Barriers
- ✘ Method of Measurement

AADE 7 Healthy Eating

Knowledge

- Effect of food on blood glucose (BG)
- Sources of carbohydrates
- Meal plan (what to eat, when to eat, how much to eat)
- Resources to assist in food choices

Skill

- Meal planning
- Weighing and measuring food
- Carb counting
- Label reading

Healthy Eating

Potential barriers

- ✗ food availability
- ✗ family eating patterns, habits
- ✗ emotions
- ✗ food preferences
- ✗ blood glucose control
- ✗ knowledge regarding how food affects diabetes control
- ✗ Environmental triggers
- ✗ Cultural
- ✗ Financial

Methods of Measurement

- ✗ Patient self-report*
- ✗ Observation
- ✗ Food and BG records
- ✗ 24 hr recall, food frequency questionnaires

AADE 7 Being Active

Knowledge

- ✗ Type
- ✗ Duration
- ✗ Intensity
- ✗ Safety precautions, special considerations

Skill

- ✗ Develops appropriate activity plan
- ✗ Balance with food, medication

Barriers

- ✗ Physical limitations
- ✗ Time
- ✗ Environment
- ✗ Fear

Methods of measurement

- ✗ Physical limitations
- ✗ Patient self-report *
- ✗ Observation
- ✗ Pedometer

AADE 7 Monitoring

Knowledge

- ✗ Testing schedule
- ✗ Target values
- ✗ Proper disposal of sharps
- ✗ Interpretation, use of results

Skill

- ✗ SMBG technique
- ✗ Recording BG values
- ✗ Equipment use, care

Barriers

- ✗ Physical
- ✗ Financial
- ✗ Cognitive
- ✗ Time
- ✗ Inconvenient
- ✗ Emotional

Methods of Measurement

- ✗ Review of log book
- ✗ Meter memory review or printout
- ✗ Self-report
- ✗ Demonstration of technique

AADE 7 Medications

Knowledge

- ✗ Name, dose, frequency
- ✗ Medication action, side effects
- ✗ Action for missed dose
- ✗ Action for side effect
- ✗ Storage, travel, safety
- ✗ Recognition of efficacy

Skill

- ✗ Preparation, technique, administration
- ✗ Safe handling, disposal
- ✗ Dose adjustment
- ✗ Recognition, treatment, prevention of low BG

Barriers

- ✗ Vision or dexterity
- ✗ Financial
- ✗ Fear of needles
- ✗ Cognitive, math skills
- ✗ Embarrassment

Methods of Measurement

- ✗ Pill count
- ✗ Review of pharmacy refills
- ✗ Demonstration
- ✗ Self-report*
- ✗ BG and medication records
- ✗ Observation, role playing

AADE 7 Problem Solving Especially High and Low Blood Glucose and Sick Days

Knowledge

- ✗ Signs, symptoms, causes
- ✗ Treatment, guidelines, prevention strategies
- ✗ Sick-day rules
- ✗ Safety concerns (driving, operating equipment)

Skill

- ✗ Hypoglycemia treatment
- ✗ Glucagon administration
- ✗ Use of BG data to determine appropriate actions related to food, exercise, medication

Barriers

- ✗ Cognitive
- ✗ Financial
- ✗ Coping strategies
- ✗ Emotional
- ✗ Physical

Methods of measurement

- ✗ Patient self-report
- ✗ Review of log book (??)
- ✗ Meter memory printout
- ✗ Medical chart review
- ✗ Frequency of medication adjustment

AADE 7 Reducing Risks of Diabetes Complications

Knowledge

- ✗ Standards of care
- ✗ Therapeutic goals
- ✗ How to decrease risks (through preventive care services)

Skill

- ✗ Foot exam
- ✗ BP (self)
- ✗ SMBG
- ✗ Maintaining personal care record

Barriers

- ✗ Financial
- ✗ Time
- ✗ Unaware of disease process or seriousness
- ✗ Lacking rapport with provider
- ✗ Travel
- ✗ Physical disabilities

Methods of Measurement

- ✗ Patient self-report
- ✗ Chart or exam code audit demonstration of
- ✗ self-care activities

AADE 7 Healthy Coping

Knowledge

- ✗ Recognizing that everyone has problem
- ✗ Benefits of treatment and self-care
- ✗ Motivation is internal function

Skill

- ✗ Goal setting
- ✗ Problem solving
- ✗ Coping strategies
- ✗ Self-efficacy

Barriers

- ✗ Lack of awareness
- ✗ Financial
- ✗ Lack of support
- ✗ Physical
- ✗ Psychosocial distress

Methods of measurement

(recommend validated instruments)

- ✗ SF-36/SF-12
- ✗ P.A.I.D.
- ✗ Zung/Beck Depression Scale
- ✗ D-SMART

Develop a Personalized Management Plan

- ✗ Identify patient beliefs, fears, resources
- ✗ Do risk factor analysis
- ✗ Set goals using the AADE 7 Self-Care Behaviors
- ✗ Schedule Monitoring/follow up
- ✗ Encourage Team Work

Risk Factor Analysis



- ✗ Financial cost
- ✗ Time commitment
- ✗ Other responsibilities or tasks take precedence



When the cost of following a treatment exceeds its perceived benefit, patients will not adhere to the treatment.

Problem-Solving: IDEAL

- ✗ Identify the problem.
- ✗ Define the goals for the problem
- ✗ Explore possible solutions.
- ✗ Anticipate and Act
- ✗ Look back and Learn.

Case Study: Mrs. Davis

- ✗ Type 2 diabetes
- ✗ BMI 30, African American
- ✗ Current BP 140/88
- ✗ Takes meds correctly –Metformin, Amaryl, Vasotec 5 mg
- ✗ Labs: A1C 8.9, Normal Lipids
- ✗ No monitor
- ✗ No meal plan strategy
- ✗ Walking 3 times per week
- ✗ Admits to wanting to loose some weight



Identify the Problem

- ✗ **Health status- development of complications.**
- ✗ **Clinical indicator -A1c, weight, BP, cholesterol.**
- ✗ **Self-care behaviors**
 - Healthy eating**
 - Being active**
 - Monitoring**
 - Taking medication**
 - Problem solving**
 - Healthy coping**
 - Reducing risks**

Identify Mrs. Davis's Problem:

Self-care behaviors

Problem

Healthy eating

YES

Being active

NO

Monitoring

YES

Taking medication

NO

Problem solving

??

Healthy coping

??

Reducing risks

??

What are the concerns?

Clinical Concerns

- ✗ A1C
- ✗ Blood Pressure

Barriers

- ✗ No way of self monitoring glucoses
- ✗ Knowledge deficit about meal planning strategy.
- ✗ Loves to eat high fat diet, obese.
- ✗ Stress-works 45 hrs per week, single mom

Define the Problem

- ✗ Ask for the causes
- ✗ Break down these causes into parts
- ✗ Assess for barriers/obstacles:
 - ✗ Knowledge/skill deficits.
 - ✗ Competing activities/treatments costs.
 - ✗ Forming new habits.
 - ✗ Social support, stress, emotions.

Self-Care Problem

Healthy Eating and Monitoring

List and prioritize the problems using the following criteria:

- ✗ safety concerns
- ✗ patient's agenda
- ✗ knowledge about survival skills
- ✗ potential for gain
- ✗ domino effect
- ✗ professional expertise

Exploring Possible Strategies

- ✗ Brainstorming- have the patient tell us about possible changes.
- ✗ Help generate several options.
- ✗ Set up support system – talking to others that have been successful
- ✗ Prepare for trial and error.
- ✗ Safety priority

Anticipate and Act

- ✗ Allow patient to chose strategy.
- ✗ “Walk through” a day in which strategy is tried.
- ✗ Look for potential obstacles in using the strategy.
- ✗ Tailor the strategy to fit the patient’s needs.
- ✗ Plan for accountability.

Look Back and Learn

- ✗ Was Goals reached
- ✗ What were obstacles
- ✗ What can you do differently?



Mrs. Davis: Defining Obstacles

- ✗ Competing priorities
- ✗ Habit patterns



Your Role in Facilitating Change

- ✗ Focus on specific behaviors, not outcomes.
- ✗ Simplify the regimen.
- ✗ Spread behavior change over time – small steps
- ✗ Negotiate behavioral goals.
- ✗ Customize the plan.
- ✗ Give positive reinforcement.
- ✗ Elicit family and social support
- ✗ Plan ahead

Follow-up Visits

- ✗ Review agreed upon goals.
- ✗ Investigate any new concerns.
- ✗ Examine changes in life situation.
- ✗ Explore for changes in management goals.
- ✗ Solicit patient's input on problem.
- ✗ Begin process of re-defining problems.

Our Professional Challenge

Because of the complexities and constant care associated with diabetes:

Patients must be thoroughly educated and strategically motivated to self manage their disease.

Summary

- ✗ Use the AADE 7 Self-Care behaviors in your assessments
- ✗ Establish a collaborative relationship
- ✗ Help to develop a personal plan
- ✗ Teach problem solving
- ✗ Anticipate the barriers
- ✗ Give positive reinforcement

